

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 576 544

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14	1					
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		2				
35		1				
36		1				
37		1				
38		1				
39	1					
40		1				
41		1				
42		1				
43	1					
44		1				
45		1				
46		1				
47		2				
48		1				
49			1			
50						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	57	←		←		←
TOTAL CLAIMS	61					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				1		
53				1		
54				1		
55				1		
56				1		
57				1		
58				1		
59				1		
60				1		
61				1		
62			1			
63				1		
64				1		
65				1		
66				1		
67				1		
68				1		
69				1		
70				1		
71				1		
72				1		
73				1		
74				1		
75				1		
76				1		
77				1		
78				1		
79				1		
80				1		
81				1		
82				1		
83				1		
84				1		
85				1		
86				1		
87			1			
88				1		
89				1		
90				1		
91			1			
92				1		
93				1		
94				1		
95				1		
96				1		
97				1		
98						
99						
100						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	44	←		←
TOTAL CLAIMS			48			